

**SWASTHYA CHAUTARI PROGRAM  
(HEALTH FORUM)**



**Quarterly Report  
(October- December 2006)**

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## Table Of Contents

S.No.	Contents	Page No.
1.	Acronyms	3-4
2.	Overview of the quarter	5
3.	Objectives of the Swasthya Chautari Program	6-8
4.	Program Activities	8-15
	A. HEAL	
	B. GATE	
	C. Learning Circle (LC)	
	D. Radio Listeners' Group (RLG)	
	E. Community Mobilization	
	• Vitamin A Day	
	• FCHV Day	
	• HIV/AIDS Day	
	• Polio Day	
5.	Monitoring and Evaluation	15-16
6.	Lessons Learned	17
7.	Problems Encountered	17-18
8.	Plan for next quarter	18
9.	Case Study- Facilitating with the Times	19-20
10.	Annex-1 Number of Heal Participants by examination status (Final exam of Basic Heal)	21
	Annex-2 Number of participants in Swastha Chautari by district, NGO and program	22
	Annex-3 Number of GATE participants by District, NGO and Examination result status (Mid term)	23
	Annex-4 Mothers Group Participation	24

## Acronyms

AYC	=	Arunodaya Youth Club
BASIC	=	Backward Society Improvement Centre
BMASS	=	Banke Mahila Arthik Swabalamban Sanstha
CDP	=	Community Development Project
CMC	=	Class Management Committee
CFWA	=	Community Family Welfare Association
CWS	=	Child Welfare Society
DE	=	Distance Education
DHO	=	District Health Office
DPHO	=	District Public Health Office
DS	=	Drama Serial
FCHV	=	Female Community Health Volunteer
FM	=	Frequency Modulation
FT	=	Facilitator Training
GATE	=	Girls' Access to Education
GBJC	=	Gaun Basti Jagaran Centre
HEAL	=	Health Education and Adult Literacy
IGA	=	Inter Generational Activity
IRDC	=	Integrated Rural Development Centre
MCHW	=	Mother and Child Health Worker
LC	=	Learning Circle
LDTC	=	Local Development Training Centre
NCDC	=	Nepal Community Development Centre
NFHP	=	Nepal Family Health Program
NGO	=	Non Governmental Organization
PE	=	Peer Educator
PF	=	Program Facilitator
RDF	=	Rural Development Foundation
RFT	=	Refresher Facilitators Training
RLG	=	Radio Listener's Group
RTOT	=	Refresher Training of Trainers
RYC	=	Ratauli Youth Club
SCP	=	Swasthya Chautari Program
SSSC	=	Sahid Saroj Smriti Club

ST	=	Supervisors' Training
SYC	=	Suryodaya Youth Club
ToT	=	Training of Trainers
USAID	=	United States Agency for International Development
VHW	=	Village Health Workers
VOP	=	Village Orientation Program
WAPC	=	Women Awareness and Protection Center

## **I. Overview of this quarter:**

Funded by the United States Agency for International Development (USAID), the goal of Swasthya Chautari Program (SCP) is to help reduce maternal and child mortality, improve maternal and child health, and reach disadvantaged girls and women with health education. World Education has been implementing the SCP since November 2004 in collaboration with the Nepal Family Health Program (NFHP).

All four components of SCP; Health Education and Adult Literacy (HEAL), Girls' Access to Education (GATE), Learning Circle (LC) and Radio Listeners Group (RLG) have been implemented during the last quarter in all ten target districts (Jhapa, Sunsari, Dhanusha, Mahottari, Rautahat, Bara, Parsa, Rasuwa, Nawalparasi and Banke).

Altogether, 1000 LCs, 100 HEAL and 70 GATE classes that were implemented during the first phase of SCP have already been completed.

*The following activities have been implemented during the current reporting period:*

- 300 HEAL classes (160 are second phase classes and 140 are third phase classes),
- 3000 LCs (2012 during the second phase and 988 during the third phase),
- 200 RLGs (all implemented during the second phase),
- 155 GATE classes (all started during the second phase and still in progress).

The second and third phases of HEAL and LC Programs are overlapping. This shows all the quotas allocated to be implemented during the SCP period (4000 LCs, 400 HEAL, 225 GATE and 200 RLG) have either been already implemented or are currently in progress.

In addition to the RLG program implemented under SCP, 330 RLG centers were implemented in six districts with support from NFHP (Bara, Parsa, Rautahat, Jhapa, Sunsari and Rasuwa).

Community mobilization activities have been also continuing during the current reporting period. Peer Educators continue to meet with their peers individually and as a group in order to discuss the issues and messages that were reviewed in the LC meeting during that month.

Inter Generational Activities (IGAs) are also taking place in the target communities where the HEAL and GATE classes are implemented next to each other. Participants of HEAL and GATE meet on a monthly basis and share their experiences and the issues that they learned.

## **Program Progress during this quarter:**

### **Objectives of SCP**

- *Provide women and girls in most disadvantaged communities with the opportunity to participate in health education, acquire knowledge and life skills and improve their utilization of reproductive health care.*

The HEAL and GATE programs were implemented under this objective. The HEAL program is providing Literacy and Health Education to women aged 15 to 45 years and the GATE program is providing Literacy, Health Education and Life Skills targeting adolescent girls aged 10 to 14 years.

**HEAL:** Altogether, 300 HEAL classes have been running during the current reporting period. Out of these 300 HEAL classes, 160 second phase classes took place in seven target districts (Jhapa, Sunsari, Dhanusha, Mahottari, Rautahat, Bara, and Parsa). These classes have been completed and the participants are now engaged in the post literacy phase. The other 140 basic literacy classes are in the third phase and have been running for 4 months now. These classes are being implemented in seven districts (Sunsari, Nawalparasi, Rasuwa, Parsa, Rautahat, Mahottari and Dhanusha) with 3992 women enrolled. Altogether, 400 HEAL classes will be implemented during the project period.

All the 16 NGO partners have been implementing post literacy classes for the participants of the 160 basic literacy classes. Altogether, 3957 women were enrolled in the basic HEAL classes, the number of completers was 3675 (92%) and 3386 (85%) passed the examination. The overall drop out rate was 7%.

**Please see annex 1 for details.**

**((Number of HEAL participants by examination status - final exam of Basic HEAL))**

The number of participants enrolled in the HEAL post literacy classes has not been confirmed yet and will be submitted with the next quarterly report.

**GATE:** Altogether, 225 GATE classes are to be implemented during the project period. A total number of 155 second phase GATE classes have been running during the reporting period in seven districts and 70 GATE classes were implemented during first phase of the program and are already completed. The number of participants enrolled in the 155 classes is 3850.

**Please see annex 2 under GATE column for details.**

**((Number of participants in SCP by district, NGO and program))**

- ***Improve the capacity of Female Community Health Volunteers ( FCHVs) to effectively disseminate health information to young women.***

The two main programs that are implemented under this objective are the LC and RLG. In LC programs, the FCHVs function as facilitators no matter whether they are literate or not. The teaching and learning materials have been developed in such way that illiterate FCHVs can also facilitate the session by using the posters and other teaching materials.

As opposed to the LCs, in order to facilitate the RLG groups the FCHV has to be literate. In some target wards, the FCHVs are illiterate and therefore the NGOs have to recruit a local woman facilitator other than the FCHV. In such cases, the FCHV of this particular ward recommends and agrees with this particular selection. The FCHVs then participate in the RLG group as one of the group members and helps the facilitator with disseminating health education and with organizing the group.

During the reporting period, all SCP NGO partners organized a two day refresher training for all FCHVs at their target districts. All trainings were conducted during the first and second week of October.

The participants discussed the content of the LC program and also practiced their group communication and facilitation skills. This training was beneficial for the FCHVs to disseminate the messages effectively.

The Program Facilitators (PF)s are responsible for supervising the LC centers. Whenever a PF visits the centers, she/he discusses the content covered so far and suggests methods in which the participants can disseminate the messages to other women in their communities who could not join the LC centers for various reasons.

Out of 4000 LC centers to be implemented during the project period, 3000 centers (2012 and 988) are currently running their second and third phases of SCP and overlap for four months. A total of 1000 LCs that were implemented during the first phase were completed on June 2006.

- ***Create supportive environment for girls and women to enhance their health knowledge and enable them to better access health services.***

In order to enhance a supportive community, World Education has been supporting the NGOs, Class Management Committees (CMCs) and the District Health Office (DHO) with planning and management of outreach activities and community planning meetings. This helps to ensure that girls and women feel supported in their environment. Outreach activities took the form of IGAs, Peer Support networks and participation in special community events such as the Polio day.

The CMCs have a major role in supporting the community mobilization component of SCP. During the reporting period, the CMC members have been involved with:

- Advocating for the program and motivating the participants for regular attendance.
- Supporting the community members in understanding the importance of health education.
- Assisting peer educators to disseminate the messages to other women at their communities who could not attend the LC classes.
- Assisting in organizing the IGAs in areas where the HEAL and GATE classes are running simultaneously and near by.

## **II. Program Activities**

The following section discusses all activities carried out during October through December, 2006.

### **A. HEAL**

The HEAL Post literacy classes which are the continuation of the basic literacy classes that were conducted during the second phase of SCP are running for one month now. The third phase of HEAL basic literacy classes is also currently running.

#### *Post Literacy:*

The 160 basic literacy classes that were implemented during the second phase of SCP were completed in September 2006. These classes were implemented in Jhapa, Sunsari,, Parsa, Bara, Rautahat, Mahottari and Dhanusha districts. During November, after the completion of the basic literacy course, the NGO partners started the implementation of 160 post literacy classes.

The following activities are being carried out as a preparatory step before initiating the classes:

#### ***Training of Trainers (TOT) for the Post Literacy Trainers***

A five day TOT was organized for the NGO trainers in Sunsari and Parsa districts from October 13 to 17, 2006. Altogether, 38 participants from seven districts have participated in the training

#### **The objectives of the training:**

- To provide trainers with the skills to conduct the post literacy facilitators training at their NGOs;
- To discuss the post literacy program implementation strategies;
- To get Familiarized with post literacy teaching and learning materials;

The training was conducted in a participatory manner since all the trainers were already experienced in conducting training for the basic literacy facilitators. The trainers shared their insights based on past experience to be discussed during the training. The training was conducted in a lively manner and the sessions were incorporated with a variety of

activities. The trainers provided useful examples for disseminating health messages by using songs, stories, poems, comics, dramas and games that are often useful in creating a favorable learning and teaching environment. Most participants pointed out that the training sessions should be participatory and interesting and should also include some ice breaking activities. These techniques assisted in creating a more stimulating learning environment. Emphasis was given to respecting the participants' ideas shared in the training sessions so that they would be encouraged to speak out. The trainers prioritized the teaching and learning process and included a great amount of practice time within the teaching sessions which helped the participants to develop their facilitation skills as well as their listening skills.

### ***Post Literacy Facilitators' training***

The post literacy facilitators' training was conducted in all seven program districts where the basic literacy program was implemented and a total number of 160 facilitators were trained. The trainers who participated in the post literacy TOT conducted the facilitators' training for their respective organizations. The training was held on November 2 to 6, 2006. During the training, the trainers applied the skills that they developed earlier, during the TOT. The trainers tried to create lively and interesting sessions, adding in ice breaking sessions to assist in creating a better learning environment. The discussions emphasized techniques in which the health messages can be disseminated more effectively, using teaching methodologies that incorporate songs and role plays.

### ***Post Literacy Supervisors' Training***

Since all the local supervisors from the basic literacy program continued working as the local supervisors for the post literacy classes, the team planned only a one day long orientation program for them. When the team surveyed what additional skills the supervisors need in order to continue working as local supervisors for the post literacy classes, they found out that they should review the post literacy text book. Therefore, the team decided that one day orientation should be sufficient enough and the post literacy supervisors' training was conducted on November 10, 2006. During the orientation, the team also discussed the reporting format and reviewed the reporting procedure.

### ***Post Literacy Class Start***

The post literacy classes have started during the first week of November 2006. The complete number of participants' enrollment has not been received yet and will be submitted in the next report.

### **HEAL Third (last) Phase**

The third phase 140 basic HEAL classes are currently in the fourth month of implementation.

**The following activities were carried out during this quarter:**

***Basic Literacy Refresher Facilitators' Training (RFT)***

The HEAL basic literacy classes of the third phase have been running for four months now. The team conducted the RFT upon the completion of 3 months of program implementation. The RFT was conducted from November 10 to 12 in Sunsari, Dhanusha, Mohattari, Rautahat, Parsa and Rasuwa districts and in Nawalparasi district from December 3 to 5. All the trainers who conducted the basic training for the facilitators have also conducted the RFT.

*The RFT included the following components:*

- Sharing each other's experiences and knowledge from the basic training for facilitators.
- Review of the guide book and lesson plans. The trainers emphasized the fact that in case a facilitator fails to use the teaching and learning process appropriately, the motivation of the participants would be low.
- Practice on how to introduce mathematics in an easy way
- Practice the usage of supplementary package
- Introduction and discussion on all health related materials.

***HEAL Basic Literacy Midterm Examination of Last Phase***

The mid term examination of basic literacy classes was held during the last week of October 2006 after the completion of the first text book (Naya Goreto). The purpose of conducting a mid term examination was to assess the progress of the participants and identify the areas in which more support was needed. The team could not include the information and conclusions from the mid term examination in this report since all the data from the field has not been received yet. The information of the mid term examination will be included within the next quarterly report.

***Basic Literacy Second Part Start (Last Phase)***

The second part of HEAL basic literacy classes has started during third week of November, 2006. The classes are expected to be completed by the end of January 2007.

**B. GATE**

The GATE program was implemented in two phases: 70 GATE classes were implemented during the first phase and were already completed. A total of 155 classes remained to be implemented during the second and third phases. The team decided on implementing all 155 GATE classes during the second phase since if we implement 155 GATE classes in two different phases, the GATE graduates of the third phase will not be able to enroll in school. The second phase of the GATE classes has started during the first week of July, 2006 and will be completed by March 2007. This timing allows students who are interested in reintegrating into the formal school system to get enrolled on time for the school year that starts in April, 2007.

### ***Refresher TOT***

After the completion of the first part of the GATE curriculum (Lalima), the refresher TOT was organized for the NGO trainers from November 20 to 24. The refresher training aimed to assist the trainers to conduct the refresher facilitators training effectively at their organizations. During the refresher TOT, the trainers shared the experiences of the training program conducted five months ago. The participants reviewed the second Lalima book and also practiced some methodologies for introducing the new curriculum. The trainers also introduced the English language curriculum that is part of the second book content.

### ***Refresher FT***

After participating in the GATE TOT, the trainers conducted the refresher FT in their respective NGOs. The training was five days long and was conducted during the first week of December, 2006. Altogether, 15 NGO partners participated in implementing the program in seven districts. The objective of the training was to refresh facilitators' skills by sharing experiences and practicing methods to teach an English text. During the training, the participants analyzed the second text book which was planned to be used during the second half of the program. The participants reviewed all the learning materials in the text book, discussed the content and developed a better understanding of all its aspects. Altogether, 155 facilitators and 11 local supervisors participated in the training conducted in various target districts.

### ***Midterm Examination***

A Mid term examination for the second phase GATE classes was conducted during the second week of December, 2006. A total number of 3881 beneficiaries participated in the examination. Out of the 3881 participants, 3334 (85%) passed the mid term test, 137 (3%) participants have dropped out from the program and a total of 3744 (96%) participants have completed the course. The classes started in July 2006 but since there were two major festivals and a farming season between July and December, the mid term examination was conducted 5 months into the program implementation instead of 4.5 months as it usually does.

**Please see annex - 3 for details.**

**(Number of participants by District, NGO and Examination result status (Mid Term))**

### ***Mid Term Review Meeting***

The GATE mid term review meeting was conducted during December 24 to 29 in all program target districts. The review meeting was one day long and was conducted half way through the program. The attendees in the meeting were: Facilitators and supervisors of all GATE classes, CMC members, PTA members, Guardians of GATE girls and school teachers. During the meeting, the team discussed the strengths and weaknesses of the GATE program on the basis of the past 4.5 months of program implementation. Some GATE participants would like to get enrolled in the formal school in an appropriate grade and continue their education. Those who are not interested to be reintegrated within the formal school would like to participate in some kind of vocational education or skills

training where they can develop skills that will assist them in pursuing income and livelihood. During the review meeting, guardians and community people also expressed their aspiration to assist the GATE graduates to get enrolled in the formal school. As an initial step for school enrollment, the GATE graduates should have a birth registration certificate. Therefore, in order to assist the girls with school enrollment, the community members are starting to coordinate with District Education Officers (DEO) and school teachers to obtain these certificates for all GATE girls graduates who wish to get enrolled in school in an appropriate grade.

***GATE: Start of the second half of the curriculum***

The second half of the Lalima curriculum was started during the third week of December 2006 and classes will be completed by mid April 2007. Most GATE graduates will register for the new school year that starts in mid April. Therefore, GATE girls who are interested in formal school can start the process for school enrollment and partner NGOs have begun to coordinate with DEO members and school teachers about the enrollment process.

**C. LC**

The LC Program is implemented in three different phases. Out of the 4000 LC centers, 1000 centers were implemented during the first phase, 2012 and 988 LC centers are still running in the second and third phases respectively. The second phase LC groups have been running for 9 months. Similarly, the 3<sup>rd</sup> phase LC has been running for 5 months now. The details for the second phase beneficiaries were included in the last report. The number of women participating in the third phase of LC is 25,013.

**Please see the Annex 2, PHASE 3 under LC Column for details  
(The number of participants in SCP by district, NGO and program)**

**D. RLG**

Altogether, 8 NGO partners have been implementing the RLG program in eight target districts; Jhapa, Sunsari, Banke, Nawalparasi, Parsa, Bara, Mahottari and Dhanusha. Participants in 6 districts: Jhapa, Sunsari, Parsa, Bara, Mahottari and Dhanusha met twice a week to listen to the episode that is broadcasted through local frequency modulation (FM) channel while participants in Nawalparasi and Banke districts meet once a week to listen to the weekly episode that is broadcasted through Radio Nepal (a national radio broadcast). Altogether, the drama serial contains 52 RLG episodes and except the RLGs in Banke and Nawalparasi districts that will complete listening to the episodes by June 2007, the other six districts had already completed all 52 episodes by November 17, 2006.

***RLG Review Meeting***

Two types of review meetings were conducted during the reporting period; One final review meeting and the other was a mid term review meeting. The meetings were conducted on November 6 and 7, and November 8 and 9. The final review meeting was conducted with the NGOs that had already completed all 52 episodes of the drama serial (SAHARA in Jhapa, BASIC and RYC in Sunsari, SYC in Parsa, GBJC and SSSC in

Bara, CDP and RYC in Mahottari and RDF in Dhanusha). The team conducted the mid term review meeting with BMASS and UNESCO in Banke and WACP in Nawalparasi. Participants in these two districts have completed 28 episodes out of the total 52 episodes.

The NGO participants shared the following issues during the Review Meetings:

- All NGO partners reported that the number of participants using family planning devices has increased since the women in the target villages have joined the RLG program. In Nawalparasi district, out of 506 RLG participants, 193 have started to use family planning devices such as pills, Norplant Sangini and Minilap. Some participants were even able to convince their husband to use condoms. Likewise, in Banke district, out of 1043 RLG participants, 343 have been using different family planning devices. The information was shared by the FCHVs who use a tracking form during the RLG sessions in order to follow up on participants' usage of family planning devices.
- RLG participants have started to discuss the issues that they learn during the RLG class with their husbands, mothers-in-law and peers. These issues include: pregnancy check up, tetanus injection during pregnancy and taking care of the new born baby.
- Many participants indicated that they are becoming more open to discuss reproductive health related issues with their family members.

### **E. Community Mobilization**

Peer Education activities and IGAs are regularly taking place in SCP target districts. As mentioned in the earlier report, IGAs are conducted in all target areas where the HEAL and GATE programs are implemented next to each other.

During the reporting period, IGA activities took place in Parsa, Dhanusha, Rautahat, Mahottari and Sunsari districts. The discussions that took place during these activities were mainly concentrated on immunization, the dangers of trafficking and pregnancy care. The IGAs proved to be very fruitful for adolescent girls and their mothers to be able to openly discuss reproductive health related issues.

Peer Educators have been sharing the issues they discussed in the LC with other community women in their age range. Each Peer Educator has been asked to reach out to at least five women and the FCHVs were helping them to disseminate the health information. These activities proved to be very useful for disseminating the messages to many other community members who can not attend the LC class. All the Peer Educators were also very enthusiastic about being able to influence other women's health awareness and access to health services in their communities.

An interaction program was organized for participants of RLG, HEAL and LC in Nawalparasi and Sunsari districts. HEAL beneficiaries attended LC, RLG and GATE classes and shared the issues that they learned during the previous month. Similarly, LC beneficiaries attend the HEAL, RLG and GATE classes in order to share their learned materials. The participants were glad to get this opportunity to share materials with their

peers. The interaction program was conducted in areas where the geographic distance between the various programs is short and the roads are accessible. In all cases, the participants were from the same village or ward and therefore knew each other well and happily accepted this kind of interaction and sharing of knowledge.

**During the reporting period, SCP beneficiaries participated in different activities that were organized by the government and the communities:**

### **Vitamin A Day**

The Vitamin A day was conducted on October 19 and 20, 2006. The SCP local supervisors, FCHV facilitators, GATE and HEAL facilitators and program beneficiaries have all helped the local health post members to carry out the Vitamin A Day activities. The participants of the SCP informed the community members about the Vitamin A day in each ward, they explained the importance of consuming Vitamin A supplements, motivated the community members to attend the event and helped the health post staff to organize the community members and provide Vitamin A supplements to all attendees.



### **FCHV Day**

The FCHV day was celebrated on December 31, 2006. During this day, World Education and the NGO partners awarded a certificate to the LC participants upon completion of 12 LC modules in eight districts. The certificate was distributed to 25,022 participants of 1000 LC centers that were implemented during the first phase of SCP.

Another certificate was awarded to the 1000 FCHVs who facilitated the LC classes during the first phase of SCP. After receiving the certificate, the FCHVs and LC participants felt honored and felt encouraged to continue their monthly mothers' meeting even after the completion of all 12 modules.

### **HIV/AIDS Day**

The HIV/AIDS day was celebrated on December 1<sup>st</sup> and various activities were organized in all target districts. The community held a procession rally and distributed posters with information on HIV/AIDS infection and prevention. A song competition with the message of HIV/AIDS prevention was also organized. Along with the guidance from the partner NGOs RDF and CFWA, the facilitators, supervisors and FCHVs; the SCP participants took an active role in all activities within SCP program districts. The District Health Office, RDF and CFWA also organized a talk program on HIV/AIDS in

Dhanusha district. The talk program concentrated on safe sex and provided counseling about HIV/AIDS infection and treatment.

### **Polio Day**

December 24 to 29 was declared by the government as the national Polio Week all over Nepal. All children under the age of 5 in the SCP target areas received the Polio vaccine during this week. The SCP staff members, NGO partners and program participants have all actively assisted the District Public Health Officers with informing the community members about the Polio week and encouraging the families to bring their children to the “Polio Camp”.



### **III. Monitoring and Evaluation**

The security situation in the SCP target districts was significantly improved during the last quarter. The SC Program Officers, District Coordinators, local supervisors and other personnel have been facing no disturbance in visiting the communities to monitor and supervise all program activities.

The Kathmandu based Program Officers have been visiting all 10 program districts. During the visits, they were able to conduct the following activities:

- Assess the participant's progress in the various activities
- Be actively involved with training and capacity building of NGO personnel, FCHVs, facilitators and local supervisors
- Monitor progress of activities and collect data from the Health Posts

In general, all components of SCP have been running well in all districts and Peer Educators have been able to disseminate the health messages effectively to the community members.

The following issues were raised by the NGO partners, FCHVs and program beneficiaries in a recent visit in Banke district:

***LC groups:***

- Most women participants knew about the program through the VOP in their village. BMASS staff members also went to the local health post before implementing the program and asked for their assistance in locating women participants in their VDC. Participants who attend the Mother's Group meetings also spread the word about the LC group meetings in their communities.
- Women who were pregnant during the LC class time period reported that they visited the Health Post approximately 4 times during their pregnancy and 3 times after their delivery (after 1 day, 3 days and 7 days).

**Feedback from FCHVs:**

- The LC group participants (in all 3 cycles of SC program) would also like to attend the HEAL class.
- Some VDCs asked the LC facilitators to promote the Mothers Groups in their Ward. In general, the FCHVs and Health Post staff members find it easier to implement the Mothers Group meetings in areas where the LC group is implemented.

The Second Post test for the KAP survey has been carried out from December 15 to 28 with the same SCP beneficiaries that conducted the pretest and first post test surveys in Dhanusha, Mahottari, Rautahat, Bara and Banke districts. A 3 days orientation was conducted for animators during December 12 to 14, prior to conducting the second post test.

According to the program evaluation plan, the in depth study of 45 sample women will be conducted in February in order to collect qualitative information needed for the evaluation study. In addition, the team is planning to conduct Focus Group Discussions (FGD) with FCHVs and Peer Educators. These activities were not included in the program's original evaluation design since the peer education network was planned later on in order to support the FCHV activities and community mobilization and disseminate health information to other community members.

A form was developed in order to find out how many LC participants become executive members in the mothers' groups and how many became the general members of the mothers' group. The form also assists in learning how many LCs participants have been able to continue to meet after the completion of the program and how frequently did the VHW and MCHW members have been visiting the LCs during the program implementation.

**Please see Annex 4 for details**

#### **IV Lesson Learned**

- Some Program Facilitators who are responsible for LC group supervision and monitoring are not being able to visit all the LCs because of the large number of LCs implemented in some target districts. The team felt the need to train community members who can be responsible for regular monitoring and supervision of LC activities in order for them to be more effective.
- It is necessary to provide some kind of orientation for peer educators about the LC activities and health information for their community outreach activities. The team also learned that Peer Educators need separate teaching and learning materials instead of rotating a set of modules provided by the FCHVs.
- Most women felt that they would like to extend their learning within the LC framework. They felt that their learning is limited and not sufficient for their needs. Some would like to attend a literacy class and some expressed their wish to incorporate skills training and savings and credit components within their education.
- The FCHVs who facilitate the LC groups receive NRS. 100 each month. The NGO team members feel that the monetary incentive is not sufficient enough for their needs. Many FCHVs expressed their wish to receive uniform and/or printed bag that will distinguish them and help them to be perceived more respectfully and seriously in their communities.
- The Radio Drama Serial should be translated into local languages.
- The NGO partners feel that the HEAL national literacy materials are not sufficient enough for the women's health education needs. Some of the topics are not relevant for women who live in the Tarai region (i.e. land slides). Currently, the supplementary materials are related to health and they feel that all content should be oriented towards health education.
- GATE: the partners feel that the Lalima curriculum should incorporate gender equity, civic education and birth certification issues.
- The partners recommended providing scholarships to GATE graduates in order to support their integration in school. They also believe that the girls who are not reintegrated into schools should be receiving skills training.

#### **V. Problems Encountered**

- The Refresher Training of Trainers (RTOT) for GATE program was conducted during 20 to 24 November, 2006. The previously trained trainers were invited to participate in this training but some of the participants were new and completely unfamiliar with the learned materials. As a result, the team had to re adjust the initial training plan in order for it to fit the participants' knowledge and experience. The participants also had to carry out extensive practice sessions that assisted in developing their confidence and facilitation skills.
- It is likely that after completing the program, the LC beneficiaries will not continue to meet on a monthly basis for discussing the health issues and

regularizing the mother' group meeting. In order to regulate the gatherings, World Education and program implementing partners/NGOs are jointly meeting with community members and government health personnel and discussing the continuation of the LC program and mother' group meeting.

- Two GATE class facilitators in Bara district got married and left their villages. In order to resolve this problem, the NGO partners with the help of World Education Field Manager have recruited other women from the local communities who continued to facilitate the classes. The new facilitators received orientation and spent some time in observing other GATE classes in their district.
- The teaching and learning setting can be sometimes challenging; the LC group itself is quite large (20-25 participants) and in many cases other peers and community members attend the gatherings. As a result. The groups often become too large and it is hard for all the women participants to engage properly with the FCHV facilitator. Also, many villagers are observing the gathering, a fact that distracts the participants and can negatively affect the learning environment.
- Many FCHVs feel that one poster for each topic is not sufficient enough; the Health Post should distribute more posters and by doing so, the teaching / learning experience will be more efficient. Also, the NGO partners' staff members feel that the LC materials should be updated.
- Currently, the LC modules are fixed for each month. The FCHVs feel that the modules should be more flexible in addressing emerging issues in the community. Most FCHVs continue to meet the group after the year ends in order to cover issues that are in interest of community members and were not discussed during the LC modules.
- The modules should be more flexible and season based (i.e. learning about Malaria should occur during the summer season when infections are most prevalent).

## VI. Plan for Next Quarter

### SWASTHYA CHAUTARI PROGRAM

#### Future – Plan

January 07 -March 07

SN	Activity	Month/Date
1	FGD of Peer Educator	January
2	Field visit of all POs	January
3	LC 3rd Phase RFT	January
4	Post HEAL 2nd phase final review meeting	4th week of February
5	Basic HEAL 3rd phase final review meeting	4th week of February
6	In depth study of SCP	February
7	Field visit of all POs	February
8	Post HEAL 3rd phase Facilitators Training	1st week of March
9	Post HEAL 3rd phase Supervisor Training	2nd week of March
10	Field visit of all POs	March

## Facilitating with the Times

Fifty-five year old Panchi Devi Mahara looks across the faces of women and girls assembled for the intergenerational session she's facilitating. She is acutely aware of the changing times. Panchi recalls, "When I was an adolescent, my mother sat me down to talk. But we would have to hide and she talked unclearly. When I got my period, I cried. She taught me to use a rag, but not how to be careful, so I used whichever rag I could find." Today, when the FCHV is faced with mothers trying to deal with their adolescent daughters and other health related issues, she is better prepared to handle them.

Panchi has had a penchant for helping people. But life at home was tough for many years. The Maharas had four children and were barely making ends meet. Panchi remembers there were times while the children were growing up when they could not even afford two meals a day. In order to supplement what they cultivated at home, Panchi worked as a domestic hire in exchange for grains and lentil. If they still ran short and asked around the village for help, they were often shunned as Dalits.

Panchi did not let that deter her. Working around the house of the government health worker, she picked up a few health tips. She began encouraging pregnant women to go for regular check-ups at the health post and mothers to take their sick children in.

Then in 1978, her employer nominated Panchi as the FCHV. Eager but equally apprehensive, she wondered whether she had the knowledge and skills to effectively communicate health messages. "They gave me a 10-days training and I felt encouraged to learn and do more," says Panchi. The district health office supplemented the training with bi-yearly refreshers and Panchi learned, among other things, about the importance of vitamin A and the polio vaccine, to recognize the symptoms of pneumonia and the importance of hydrating diarrhea patients.

Over the years, as her children grew up and began contributing to the household income, Panchi performed her tasks as FCHV with more ease. And when—as part of Swasthya Chautari's objective to capacitate FCHVs—in 2005, Panchi was asked to facilitate the learning circle (LC), she stepped up once again. Panchi took her responsibility seriously and also applied her knowledge effectively outside the circle. For instance, she noticed that migration was on the rise. By this time, much more comfortable with her role, she pulled out the LC modules and used the illustrations to talk about HIV/AIDS, especially with the village boys, among whom, because of her age and experience, Panchi is listened to.

But Panchi was vexed by her illiteracy: "I felt bad that I could not read the points beside the pictures. I asked others in the



Panchi with her HEAL course book in tote

group for help, but I felt I could have run the LC better if I could read." So when Rural Development Foundation (RDF) selected her ward in Dhanusha district to receive a HEAL class, Panchi jumped on board. Now, in the sixth month of class, she walks the 20 minutes there and back from the HEAL center six days a week. Though the LC is over, Panchi says she finds her new skills provide her more confidence to perform her work as an FCHV.

Compared to the past, when Panchi remembers women had to deliver their children in the cowshed and were not allowed to eat or drink anything on the first day of delivery—not even water because they said her teeth would fall out—Panchi has seen a significant change. Pregnant women and new mothers are taking their iron pills, eating more nutritiously, and feeding their newborn colostrums and older children with fresh fruits and vegetables, fish and meat. "Before, maternal and neonatal deaths were in higher prevalence. Now women are getting regular check-ups and I feel the rates have dropped," notes Panchi, and with a proud smile, adds, "Even within the last year and a half, I have seen people who are understanding more and changing their health behavior, such as more men are using condoms now!"

Back at home, Panchi Devi Mahara is aware of the constraints of working in a conservative society. She and her daughters-in-law sit down separately from her sons, but she does not mince words when she talks to them about reproductive health and how to protect themselves and each other from sexually transmitted diseases.

**Annex - 1****Number of Heal Participants by examination status (Final exam of Basic Heal)**

DISTRICT	NGO	Absent	Dropout	Failed	Pass	Total
BARA	CWS	3	0	17	230	250
BARA	GBJC	0	34	0	223	257
BARA	SSSC	0	3	0	247	250
DHANUSH	CFWA	2	3	15	230	250
DHANUSH	RDF	0	4	2	248	254
JHAPA	NCDC	13	46	9	172	240
JHAPA	Sahara N	2	8	5	218	233
MAHOTTA	CDP	0	8	6	237	251
MAHOTTA	LDTC	62	26	20	167	275
MAHOTTA	RYC	1	0	15	234	250
PARSA	AYC	10	14	16	217	257
PARSA	SYC	0	33	33	195	261
RAUTAHA	IRDC	0	15	3	207	225
SUNSARI	BASIC	0	45	2	201	248
SUNSARI	RYC	0	11	2	200	213
SUNSARI	Sahara N	3	32	48	160	243
<b>Total</b>		<b>96</b>	<b>282</b>	<b>193</b>	<b>3386</b>	<b>3957</b>

## Annex - 2

Number of participants in Swastha Chautari by district, NGO and program

District	NGO	PHASE 1						PHASE 2						PHASE 3			
		RLG	LC	GATE	HEAL Basic	HEAL Post	PHASE 1 TOTAL	RLG	LC	GATE	HEAL Basic	HEAL Post	PHASE 2 TOTAL	LC	HEAL Basic	PHASE 3 TOTAL	ALL TOTAL
Jhapa	NCDC		1828				1828	1749	2851		240		4840	1012		1012	7680
Jhapa	Sahara Nepal		1821				1821	274	2903		233		3410	1129		1129	6360
Sunsari	Sahara Nepal		1669				1669	888	3245	241	243	262	4879	1391	262	1653	8201
Sunsari	BASIC		985				985	235	2668	253	248	246	3650	1321	251	1572	6207
Sunsari	RYC		886				886	238	2693	234	213	229	3607	1297	232	1529	6022
Dhanusha	R.D.F.		1112				1112	535	2512	228	254		3529	1352	774	2126	6767
Dhanusha	CFWA	802	1477	244	245	245	2768		2646	240	250		3136	1759	256	2015	7919
Mahottari	R.Y.C.		720				720	491	2690	341	250		3772	1361	251	1612	6104
Mahottari	CDP		2042	278	266	266	2586	519	3576	282	251		4628		250	250	7464
Mahottari	LTDC	872	675				1547		1353	253	275		1881	1457	243	1700	5128
Rasuwa	N.A.F.						0	816	1237				2053	1272	220	1492	3545
Parsa	A.Y.C.	1637	1355		256	256	3248	1633	2736	250	257		4876	1157	250	1407	9531
Parsa	S.Y.C.		1494	138			1632	527	2754	273	261		3815	1657	249	1906	7353
Parsa	GBM		736				736						0			0	736
Bara	CWS	1615	1142	245	249	200	3251	1638	1859		250	250	3997	899		899	8147
Bara	S.S.S.C.		1619		250	200	1869	249	1957	250	250	250	2956	1133		1133	5958
Bara	GBJC		1137	266	249	210	1652	499	1882	250	257	266	3154	1408		1408	6214
Rautahat	IRDC	1627	1355		255	224	3237	1635	3001	250	225		5111	1124	251	1375	9723
Nawalparasi	W.A.P.C.						0	506	1939				2445	1493	503	1996	4441
Banke	UNESCO		1704	232	322	322	2258	527	3108	261			3896	1403		1403	7557
Banke	BMASS	0	1265	222	349	351	1836	516	3107	244			3867	1388		1388	7091
	<b>Total</b>	<b>6553</b>	<b>25022</b>	<b>1625</b>	<b>2441</b>	<b>2274</b>	<b>35641</b>	<b>13475</b>	<b>50717</b>	<b>3850</b>	<b>3957</b>	<b>1503</b>	<b>73502</b>	<b>25013</b>	<b>3992</b>	<b>29005</b>	<b>138148</b>

### Annex 3

#### Number of GATE participants by District, NGO and Examination result status ( Mid term)

DISTRICT	NGO	Absent	Dropout	Failed	Passed	Total
BANKE	BMASK	0	4	9	231	244
BANKE	UNESCO	0	15	23	213	251
BARA	GBJC	10	0	2	241	253
BARA	SSSC	6	8	33	211	258
DHANUSHA	CFWA	0	1	15	224	240
DHANUSHA	RDF	0	0	23	204	227
Mahottari	CDP	0	3	33	246	282
Mahottari	LDTC	0	27	46	170	243
Mahottari	RYC	0	0	19	347	366
PARSA	AYC	0	5	62	184	251
PARSA	SYC	24	21	8	245	298
RAUTHAT	IRDC	0	3	4	242	249
SUNSARI	BASIC	9	2	30	212	253
SUNSARI	RYC	0	0	9	225	234
SUNSARI	SAHARA N	0	48	45	139	232
<b>Total</b>		<b>49</b>	<b>137</b>	<b>361</b>	<b>3334</b>	<b>3881</b>

\* For some districts Number of initial enrolments does not match with result data. For example the chart in (Annex 2) PHASE 2 under GATE column the total number of participants is 3850 and this number has been reported in the previous report but Mid Term Examination data (Annex 3) shows that the total number of participants is 3881. The result data should be considered the final data because the initial data came within one month of program implementation. 31 participants joined the program after that.

# Swasthya Chautari Program

## Mothers Group Participation

**(Information of Learning Circle 1st Phase)**

[illegible]